

<b>Case Number:</b>	CM15-0195120		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 2, 2012. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve requests for MRI imaging of shoulder and 12 sessions of physical therapy. The claims administrator referenced an August 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 18, 2015, the applicant received a lumbar epidural steroid injection. On August 19, 2015, tramadol was endorsed. The applicant was apparently asked to consult a shoulder surgeon. The applicant was given a seemingly proscriptive 5-pound lifting limitation. On August 19, 2015, the applicant reported ongoing complaints of shoulder pain superimposed on issues with neck pain radiating to the left shoulder. The applicant also reported paresthesias about the right hand. The applicant exhibited tenderness about the bilateral trapezius musculature with mild limitation of left shoulder abduction. The applicant was given a diagnosis of left shoulder impingement syndrome. The applicant was asked to consult a shoulder surgeon. A Rather proscriptive 5-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The majority of the information on file pertained to discussion of the applicant's left shoulder. On July 8, 2015, the attending provider suggested that the applicant obtain a left shoulder surgery consultation to address issues with left shoulder labral tear. On August 10, 2015, the applicant consulted a shoulder surgeon, who noted that the applicant had bilateral shoulder pain complaints attributed to cumulative

trauma at work. The attending provider referenced a left shoulder MRI imaging dated June 19, 2015, which was notable for a labral tear. The requesting provider, an orthopedic surgeon, stated that he would like the applicant to undergo an MRI of the right shoulder to evaluate the applicant's rotator cuff. A left shoulder corticosteroid injection was performed. An additional 12 sessions of physical therapy were sought. The applicant's work status was not detailed. A medical-legal evaluator suggested (but did not explicitly state) the applicant was working with restrictions in place on July 14, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

**Decision rationale:** Yes, the proposed MRI of the right shoulder was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging is recommended in the preoperative evaluation of partial thickness and full-thickness rotator cuff tears. Here, the requesting provider, an orthopedic shoulder surgeon, stated on August 6, 2015 that the applicant's presentation was suspicious for impingement syndrome versus rotator cuff tear of the affected right shoulder. The attending provider suggested that the applicant would likely act on the results of the study in question and, potentially, consider surgical intervention based on the outcome of the same. The fact that the requesting provider was an orthopedic shoulder surgeon strongly suggested that the applicant was intent on acting on the results of the study in question. Therefore, the request was medically necessary.

**Physical therapy 2 times a week for 6 weeks for bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Introduction.

**Decision rationale:** Conversely, the request for 12 sessions of physical therapy for bilateral shoulders was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 9- to- 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guideline further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order

to justify continued treatment. Here, however, all evidence on file pointed to the applicant's having plateaued following receipt of earlier unspecified amounts of physical therapy over the course of the claim. A rather proscriptive 5-pound lifting limitation was renewed on multiple office visits, referenced above. It was not clearly stated or clearly established whether the applicant was or was not working with said limitations in place. The fact that the applicant had been asked to consult a shoulder surgeon, consider cervical epidural steroid injections, etc., also strongly suggested that the applicant had effectively plateaued in terms of the functional improvement measures established in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy through the date of the request. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.